

零售綜合險投保書

Retailer Comprehensive Insurance Proposal Form



香港中環德輔道中71號永安集團大廈9樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

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備註 NOTES:

- 請以英文正楷填寫本投保書及在適當方格內加「✓」號。本申請須經核保程序。投保書上如有任何更改，請於更正資料旁簽署作實。Please complete the form in English BLOCK LETTERS and please put a “✓” in the box as appropriate. This application is subject to underwriting. Any changes in this Proposal Form should be endorsed.
- 為保障投保公司/受保人的利益，若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）保險熱線（852）3187 5100 查詢。若未能充份透露實情，將會使投保公司/受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) hotline (852) 3187 5100 for the interests of the proposed Insured Company/Insured Person. Failure to disclose may mean that the policy will not provide the proposed Insured Company/Insured Person with the coverage required, or may invalidate the policy altogether.
- 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this Proposal Form does not conform to the terms in any policy issued, the policy terms shall prevail.
- 「零售綜合險」(下稱“本計劃”) 由中銀集團保險承保。Retailer Comprehensive Insurance (named below as “this Plan”) is underwritten by BOCG Insurance.
- 中國銀行（香港）有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡(國際)有限公司及其他代理銀行（各稱為“代理銀行/代理”）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an “agent Bank/agent”) are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
- 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，代理銀行/代理須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保公司資料 Details of the proposed Insured Company

1. 公司名稱 Name of Company:	
2. 商業登記證號碼 Business Registration No.: _____ / 公司註冊證書編號 Certificate of Incorporation No.: _____	
3. 行業 / 業務性質 Industry / Business Nature:	
4. 通訊地址 Correspondence Address: 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
5. 聯絡人姓名 Name of Contact Person:	6. 聯絡電話 Contact No.:
7. 電子郵箱 Email:	
8. 客戶從以下那個途徑得知本產品? How does the customer know about this product? <input type="checkbox"/> 我行銷售人員推介 Refer by our bank's staff (BR01) <input type="checkbox"/> 月結單插張 Statement insert (SI01) <input type="checkbox"/> 擺放分行或網站之宣傳品或客戶通訊或宣傳語句 Branch, website, customer newsletter or promotion message (BR02) <input type="checkbox"/> 直銷途徑，例如直銷郵件、電話營銷 Direct mail; telesales (DM01) <input type="checkbox"/> 傳媒 Media (ME01) <input type="checkbox"/> 親友介紹 Refer by friend or relative (RE01) <input type="checkbox"/> 其他 Others (OT01)	

承保期 Period of Insurance

由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____ (首尾兩日包括在內 Both dates inclusive)

投保資料 Insured details

1. 投保地址 Insured Premises:	保額 Sum Insured (HKD):
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2. 如要投保僱員補償，請於方格內填上“✓”。Please mark “✓” in the box if “Employees’ Compensation” is needed.

投保僱員總人數為 Number of Employee insured _____ 名 (同住家庭成員除外 Exclude the family members living in the same premises)
(如投保僱員人數多於 2 名，每加 1 位加收保費港幣 400 元。If more than 2 employees, an additional premium (HKD400) will be charged on each added employee.)

3. 人身意外 Personal Accident (若空格不敷應用，可另於白紙上填寫。If the fields are not enough, please fill the information in a separate paper.)

受保人資料 Details of Insured Person

(如受保人數多於 2 名，每加 1 位加收保費港幣 50 元。If more than 2 Insured, an additional premium (HKD50) will be charged on each added Insured Person.)

英文姓名 Name in English (請先填寫姓氏 Surname first)	中文姓名 Name in Chinese	香港身份證/護照號碼 HKID Card No./ Passport No.	出生日期 Date of Birth	受益人姓名 Name of Beneficiary	受益人身份證/護照號碼 Beneficiary HKID Card No./ Passport No.	與受保人關係 Relationship with Insured Person

繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card

請填妥本投保書內的「信用卡付款授權書」交回香港特別行政區境內中國銀行(香港)有限公司或南洋商業銀行或集友銀行屬下任何一家分行。Please attach a completed Credit Card Authorization Form in this Proposal Form and submit to any branch of Bank of China (Hong Kong) Limited or Nanyang Commercial Bank Limited or Chiyu Banking Corporation Limited in HKSAR.

2. 以支票付款 Payment made by cheque

請以劃線支票(祈付「中銀集團保險有限公司」)，交回香港特別行政區境內中國銀行(香港)有限公司或南洋商業銀行或集友銀行屬下任何一家分行。Please make a crossed cheque payable to “Bank of China Group Insurance Company Limited” and submit to any branch of Bank of China (Hong Kong) Limited or Nanyang Commercial Bank Limited or Chiyu Banking Corporation Limited in HKSAR.

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

聲明 Declaration

- 本公司謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本公司亦明白如資料錯誤或不詳盡，本公司及/或受保人之保障有失效之虞。 Our Company declares that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. Our Company also understands that if any information stated is untrue or incomplete, the cover for our Company and/or Insured Person may be invalidated.
- 本公司謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本公司及/或受保人之保障有失效之虞。 Our Company declares that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for our Company and/or Insured Person may be invalidated.
- 本公司同意中銀集團保險保留一切有關投保書接納與否之權利。 Our Company agrees BOCG Insurance reserves the right to accept or decline our Company’s application.
- 本公司明白必須繳付保費後，中銀集團保險對本公司及/或受保人之保險責任始行生效。 Our Company understands that BOCG Insurance insurance liability for our Company and/or Insured Person will only take effect provided that premium have been paid.

收集個人資料聲明 Personal Information Collection Statement

本公司明白本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的： Our Company understand that the information provided by our Company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- 處理及審批本公司的保險申請或本公司將來提交的保險申請; processing and evaluating our Company’s insurance application and any future insurance application our Company may make ;
- 執行本公司保單的行政工作及提供與本公司保單相關的服務; administering our Company’s insurance policy and providing services in relation to our

Company's insurance policy;

- (3) 分析或調查、處理及支付本公司保單有關的索償; analysis or investigating, processing and paying claims made under our Company's insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及欠款; invoicing and collecting premiums and outstanding amounts from our Company;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期; any alterations, variations, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本公司; contacting our Company for any of the above purposes;
- (7) 中銀集團保險行使任何代位權; exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途; other ancillary purposes which are directly related to the above purposes;及 and
- (9) 遵循適用法律、條例及業內守則及指引。 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將受保人的個人資料移轉予下列各方: BOCG Insurance may disclose the Insured Person's personal data for the above purposes to the following classes of transferees:

- a. 就上述用途, 向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括: 醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商); third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問; in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司; insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀; reinsurers and reinsurance brokers;
- f. 本公司的保險經紀(若有); our Company insurance broker (if our Company have one);
- g. 中銀集團保險的法律及專業業務顧問; BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準); BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員, 以達到任何上述或有關目的, 或以便「聯會」執行其監管職能, 或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員, 以達到任何上述或有關目的; any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構; the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本公司及/或受保人任何資料。 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of our Company and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外, 經本公司同意, 中銀集團保險可能會以其它方式使用及披露受保人的個人資料。 Moreover, BOCG Insurance may also use and disclose the Insured Person's personal data otherwise with our Company's consent.

本公司有權查閱及要求更正由中銀集團保險持有有關受保人的個人資料。如有需要, 可向中銀集團保險法律與合規部提出 (電話: 2867 0888, 傳真: 3906 9939)。Our Company has the right to obtain access to and to request correction of any personal information concerning the Insured Person held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

本公司確認同意本投保書內之所有部份, 包括但不限於上列之聲明及收集個人資料聲明。 Our Company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

香港 H.K./

投保公司(連公司印鑑)簽署 Signature of proposed Insured
Company (with Company chop)

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前, 中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

